Emergency Preparedness Resources and Information

Revised April 2006

Office of Emergency Medical Services and Trauma System

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Contents

March 30, 2006

Emergency Preparedness Resources And Possible Grant Opportunities

The purpose of the Emergency Preparedness Resources and Possible Grant Opportunities Matrix is to provide agencies a document that delineates known resources and grants that may be available to enhance each discipline's Homeland Security training, information gathering, equipment purchase and funding opportunities.

The matrix is formatted using a three column table.

- The left column "Possible Resources" identifies current and known resources. The titles of each resource are specific to various existing homeland security departments, agencies, programs or grants. Do not let the name deter you from researching the potential. You should explore any opportunity from the possible resource listed regardless of the title. Many that did were pleasantly surprised.
- The center column "Web Links" is also current and known to be the direct link for the possible resource listed in that row.
- The right column "Washington Point of Contact" is also the current individual or agency within Washington State that you may contact for assistance and further explanation of the possible resource. All contacts listed have confirmed their existence and desire to help.

This resource matrix was developed through a collaborative effort of members from Washington State: Department of Health, Emergency Management Department, and Agriculture Department. The matrix and web sites will be updated every six months. Should you discover an out of date web link or additional potential resource, please email, mike.smith@doh.wa.gov. Thank you and good luck with your search.

Emergency Preparedness Resources
And Possible Grant Opportunities Matrix

March 30, 2006

Possible Resources	Web Link	Washington Point of Contact
Homeland Security, Office for Domestic Preparedness (ODP)	**http://www.dhs.gov/dhspublic/display?theme=18** **http://www.dhs.gov/dhspublic/display?theme=63&content=3547** **http://www.rkb.mipt.org (Responder Knowledge Base website)**	**Regional Homeland Security Lead which is found on this web site http://emd.wa.gov/6-rr/rr-lists/Tel1a.rtf**
Law Enforcement Terrorism Prevention Program (LETPP)	**http://www.dhs.gov/interweb/assetlibrary/First_Responder_Press.doc** **http://www.ojp.usdoj.gov/odp/docs/fy05hsgp.pdf**	**Regional Homeland Security Lead which is found on this web site http://emd.wa.gov/6-rr/rr-lists/Tel1a.rtf**
United States Department of Agriculture (USDA)	**http://www.usda.gov/Newsroom/0276.04.html** **http://www.rurdev.usda.gov/rhs/cf/Emerg_Responder/rural_emergency_responders_initi.htm**	**Dave Hodgeboom (360) 725-5508 dhodgeboom@agr.wa.gov** **Linda Crerar (360) 902-1818 lcrerar@agr.wa.gov**
Health Resources and Services Administration (HRSA)	**http://www.hrsa.gov/grants/default.htm** **http://www.hrsa.gov/bioterrorism** **http://www.ahrq.gov/browse/bioterbr.htm**	**Chris Williams chriswilliams@doh.wa.gov (360) 236-4604**
Center for Disease Control and Prevention (CDC)	**http://www.cdc.gov** **http://www.cdc.gov/funding.htm**	**Rick Buell rick.buell@doh.wa.gov (360) 236-4606**
DOH Office of Emergency Medical Services and Trauma Systems (OEMSTS)	**http://www.ems-c.org/funding/framefunding.htm** **http://www.doh.wa.gov/phepr/pheprgeninfo.htm**	**Mike Smith mike.smith@doh.wa.gov or 1-800-456-5276.**
Metropolitan Medical Response System (MMRS)	**http://www.ojp.usdoj.gov/odp/docs/fy05hsgp.pdf**	**City of Tacoma: Assistant Chief Jeff Jensen jjensen@ci.tacoma.wa.us** **City of Spokane: Tom Mattern tmattern@spokanecounty.org**
Federal Preparedness Grant Programs	**http://www.fema.gov/pdf/nims/federal_prep_grant_prog.pdf** **http://www.ojp.usdoj.gov/odp/docs/fy05hsgp.pdf** **http://www.firegrantsupport.com/**	**Mike Smith mike.smith@doh.wa.gov or 1-800-456-5276.** **Brian Ipsen, Region 10 DHS Brian.Ipsen@dhs.gov**

Washington State Department of Health

Office of Emergency Medical Services and Trauma System

ON-LINE COURSES PROVIDE TRAINING EQUIVALENT TO EDUCATION REQUIREMENTS

April 17, 2006

This matrix provides a guideline, which allows Medical Program Directors (MPDs) to compare training available through the H.S.I. web site (www.hsi.wa.gov) and other Office of Domestic Preparedness (ODP) web sites against the Washington State Emergency Medical Services (EMS) minimum required knowledge and skills objectives. Because WEAPONS OF MASS DESTRUCTION (WMD) courses provide equivalent training to many of the educational requirements, it is recommended that MPDs accept H.S.I. or ODP training as equivalent educational requirements. A module reference in the right column indicates equivalency to the education training in the left column.

Educational Requirements for Recertification (CME and OTEP Methods) – Minimum Required Knowledge and Skills Objectives	H.S.I. Equivalent training cross reference to the WMD curriculum
All education requirements for recertification, whether On-going Training and Evaluation Program (OTEP) or Continuing Medical Education (CME), is competency based. Instructors and evaluators have the responsibility to assure EMS personnel are adequately trained in the knowledge and skills needed to perform exceptional emergency medical care throughout the state.	
I. Annual Education Requirements For Recertification	
A. CPR and Airway Management – Includes the current national standards for CPR. foreign body airway obstruction (FBAO), automatic defibrillation and the use of airway adjuncts appropriate to the level of certification, for adults, children and infants, assuring the following pediatric objectives are covered:	
1. Pediatric Objectives – The EMS provider must be able to:	
a. Identify and demonstrate airway management techniques for infants and children.	
b. Demonstrate infant and child CPR.	
c. Demonstrate FBAO technique for infants and children.	
B. Spinal Immobilization – This includes adult, pediatric and geriatric patients, following course objectives found in curricula identified in WAC 246-976-021, for the level of certification being taught, assuring the following pediatric objectives are covered:	
1. Pediatric Objectives – The EMS provider must be able to:	
a. Demonstrate the correct techniques for immobilizing the infant and child patient.	
b. Identify the importance of using the correct size of equipment for the infant and child patient.	
c. Demonstrate techniques for adapting adult equipment to effectively immobilize the infant and child patient.	
C. Patient Assessment – for adult, pediatric and geriatric patients following course objectives found in curricula identified in WAC 246-976-021, for the level of certification being taught, assuring the following pediatric objectives are covered:	Modules 3&4
1. Pediatric Objectives – The EMS provider must be able to:	
a. Identify and demonstrate basic assessment skills according to the child's age and development.	
b. Demonstrate the initial assessment skills needed to rapidly differentiate between the critically ill or injured and the stable infant and child patient.	
c. Identify and demonstrate the correct sequence of priorities to be used in managing the infant and child patient with life threatening injury or illness.	Modules 3&4
d. Identify that the priorities for a severely injured and critically ill infant and child are:	Modules 3&4
1) Airway management,	
2) Oxygenation,	
3) Early recognition and treatment of shock,	
4) Spinal immobilization,	
5) Psychological support.	
e. Demonstrate a complete focused assessment of an infant and a child.	
f. Demonstrate ongoing assessment of an infant and a child.	

g. Identify the differences between the injury patterns of an infant and child compared to that of an adult. h. Identify the psychological dynamics between an infant and child, parent or caregiver and EMS provider.	Modules 3&4
II. Certification Period Requirements	
A. Infectious Disease For EMS Providers	
1. This includes updates on information contained in the "Infectious Disease Prevention for EMS Provider" curriculum or the DOH 7-hour HIV/AIDS program.	Modules 1 Section 4&5 and Modules 3&4
2. The Department of Labor and Industries yearly exposure control update provided by the employer/EMS agency meets this requirement.	
B. Trauma - for adult, pediatric and geriatric patients, following course objectives found in curricula identified in WAC 246-976-021, for the level of certification being taught, assuring the following pediatric objectives are covered:	Modules 1-4
1. Pediatric Objectives – The EMS provider must be able to:	
a. Identify the importance of early recognition and treatment of shock in the infant and child patient.	Modules 3&4
b. Identify the importance of early recognition and treatment of the multiple trauma infant and child patient	Modules 3&4
c. Identify the importance of rapid transport of the injured infant and child patient.	Modules 3&4
C. Pharmacology - Pharmacology specific to the medications included in curricula identified in WAC 246-976-021, for the level of certification being taught, and approved by the MPD. This includes medications added and approved by the DOH, Office of Emergency Medical Services and Trauma System.	Modules 3&4
D. Other Pediatric Topics – includes:	
1. Anatomy and Physiology - The EMS provider must be able to:	
a. Identify the anatomy and physiology and define the differences in children of all ages.	
b. Identify developmental differences between infants, toddlers, pre-school, school age and adolescents, including special needs children.	
2. Medical problems including special needs patients - The EMS provider must be able to:	
a. Identify the differentiation between respiratory distress and respiratory failure.	Modules 3&4
b. Identify the importance of early recognition and treatment of shock in the infant and child patient.	Modules 3&4
c. Identify causes and treatments for seizures.	
d. Identify life-threatening complications of meningitis and sepsis.	
e. Identify signs and symptoms of dehydration.	Modules 3&4
f. Identify signs and symptoms of hypoglycemia.	
g. Identify how hypoglycemia may mimic hypoxemia.	
h. Identify special needs pediatric patients that are technologically dependent, (Tracheotomy tube, central line, GI or feeding tubes, ventilators, community specific needs).	
i. Identify the signs and symptoms of suspected child abuse.	
j. Identify the signs and symptoms of anaphylaxis and treatment priorities.	Modules 3&4
k. Identify the importance of rapid transport of the sick infant and child patient.	Modules 3&4
III. Additional Education to meet total required hours	
A. In addition to specific annual and certification period educational requirements, WAC 246-976-161, Table A, specifies the total required number of **course hours** for each certification level.	
B. Individuals completing the OTEP method must complete the same educational requirements as indicated above, however due to the competency based nature of OTEP, fewer **class hours** may be needed to complete these requirements than the total **course hours** indicated.	Modules 1-4
NOTE: Topic content to meet the educational requirements for recertification must follow current Washington State standards including Washington State Specific Objectives (WSSOs) provided in department approved curricula, National recognized training programs **or current national standards** as indicated. U.S. National Highway Traffic Safety Administration, Department of Transportation EMS Refresher courses may be used to meet topic content when WSSOs have been added.	Module 1-4

Washington State Department of Health

Office of Emergency Medical Services and Trauma System

ON-LINE COURSES PROVIDE TRAINING EQUIVALENT TO EDUCATION REQUIREMENTS

April 17, 2006

This matrix provides a guideline, which allows medical program director's (MPD) to compare training available through the H.S.I. web site (www.hsi.wa.gov) against the Washington State Emergency Medical Services (EMS) minimum required knowledge and skills objectives. Because the INCIDENT COMMAND SYSTEM (ICS) and NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) courses provide equivalent training to many of the educational requirements, it is recommended that MPD's accept H.S.I. or Office of Domestic Preparedness (ODP) training as equivalent educational requirements. A course reference in the right column indicates equivalency to the education training in the left column.

Educational Requirements for Recertification (CME and OTEP Methods) – Minimum Required Knowledge and Skills Objectives	H.S.I. Equivalent training cross reference to the NIMS curriculum
All education requirements for recertification, whether On-going Training and Evaluation Program (OTEP) or Continuing Medical Education (CME), is competency based. Instructors and evaluators have the responsibility to assure EMS personnel are adequately trained in the knowledge and skills needed to perform exceptional emergency medical care throughout the state. **I. Annual Education Requirements For Recertification** **A. CPR and Airway Management** – Includes the current national standards for CPR. foreign body airway obstruction (FBAO), automatic defibrillation and the use of airway adjuncts appropriate to the level of certification, for adults, children and infants, assuring the following pediatric objectives are covered: **1. Pediatric Objectives** – The EMS provider must be able to: a. Identify and demonstrate airway management techniques for infants and children. b. Demonstrate infant and child CPR. c. Demonstrate FBAO technique for infants and children. **B. Spinal Immobilization** – This includes adult, pediatric and geriatric patients, following course objectives found in curricula identified in WAC 246-976-021, for the level of certification being taught, assuring the following pediatric objectives are covered: **1. Pediatric Objectives** – The EMS provider must be able to: a. Demonstrate the correct techniques for immobilizing the infant and child patient. b. Identify the importance of using the correct size of equipment for the infant and child patient. c. Demonstrate techniques for adapting adult equipment to effectively immobilize the infant and child patient. **C. Patient Assessment** – for adult, pediatric and geriatric patients following course objectives found in curricula identified in WAC 246-976-021, for the level of certification being taught, assuring the following pediatric objectives are covered: **1. Pediatric Objectives** – The EMS provider must be able to: a. Identify and demonstrate basic assessment skills according to the child's age and development. b. Demonstrate the initial assessment skills needed to rapidly differentiate between the critically ill or injured and the stable infant and child patient. c. Identify and demonstrate the correct sequence of priorities to be used in managing the infant and child patient with life threatening injury or illness. d. Identify that the priorities for a severely injured and critically ill infant and child are: 1) Airway management, 2) Oxygenation, 3) Early recognition and treatment of shock, 4) Spinal immobilization, 5) Psychological support. e. Demonstrate a complete focused assessment of an infant and a child. f. Demonstrate ongoing assessment of an infant and a child.	ICS and NIMS compare to the second page of the education requirements. Please turn the page over.

g. Identify the differences between the injury patterns of an infant and child compared to that of an adult.
h. Identify the psychological dynamics between an infant and child, parent or caregiver and EMS provider.

II. Certification Period Requirements

A. Infectious Disease For EMS Providers

1. This includes updates on information contained in the "Infectious Disease Prevention for EMS Provider" curriculum or the DOH 7-hour HIV/AIDS program.
2. The Department of Labor and Industries yearly exposure control update provided by the employer/EMS agency meets this requirement.

B. Trauma - for adult, pediatric and geriatric patients, following course objectives found in curricula identified in WAC 246-976-021, for the level of certification being taught, assuring the following pediatric objectives are covered:

1. Pediatric Objectives – The EMS provider must be able to:

a. Identify the importance of early recognition and treatment of shock in the infant and child patient.
b. Identify the importance of early recognition and treatment of the multiple trauma infant and child patient
c. Identify the importance of rapid transport of the injured infant and child patient.

C. Pharmacology - Pharmacology specific to the medications included in curricula identified in WAC 246-976-021, for the level of certification being taught, and approved by the MPD. This includes medications added and approved by the DOH, Office of Emergency Medical Services and Trauma System.

D. Other Pediatric Topics – includes:

1. Anatomy and Physiology - The EMS provider must be able to:

a. Identify the anatomy and physiology and define the differences in children of all ages.
b. Identify developmental differences between infants, toddlers, pre-school, school age and adolescents, including special needs children.

2. Medical problems including special needs patients - The EMS provider must be able to:

a. Identify the differentiation between respiratory distress and respiratory failure.
b. Identify the importance of early recognition and treatment of shock in the infant and child patient.
c. Identify causes and treatments for seizures.
d. Identify life-threatening complications of meningitis and sepsis.
e. Identify signs and symptoms of dehydration.
f. Identify signs and symptoms of hypoglycemia.
g. Identify how hypoglycemia may mimic hypoxemia.
h. Identify special needs pediatric patients that are technologically dependent, (Tracheotomy tube, central line, GI or feeding tubes, ventilators, community specific needs).
i. Identify the signs and symptoms of suspected child abuse.
j. Identify the signs and symptoms of anaphylaxis and treatment priorities.
k. Identify the importance of rapid transport of the sick infant and child patient.

III. Additional Education to meet total required hours

A. In addition to specific annual and certification period educational requirements, WAC 246-976-161, Table A, specifies the total required number of **course hours** for each certification level.

B. Individuals completing the OTEP method must complete the same educational requirements as indicated above, however due to the competency based nature of OTEP, fewer **class hours** may be needed to complete these requirements than the total **course hours** indicated.

NOTE: Topic content to meet the educational requirements for recertification must follow current Washington State standards including Washington State Specific Objectives (WSSOs) provided in department approved curricula, National recognized training programs **or current national standards** as indicated. U.S. National Highway Traffic Safety Administration, Department of Transportation EMS Refresher courses may be used to meet topic content when WSSOs have been added.

The ICS and NIMS courses are primarily an: organizational, documentation, communications, scene safety, operations, and reports training course. It is recommended that each MPD consider offering hour for hour credits for CME per WAC 246-976-161(iii) May incorporate nationally recognized training programs as part of CME for content identified in (a)(i)(A) of this subsection.
The MPD may use this training to meet the needs of comparable OTEP modules. This course does have a required evaluation.

Sample All Hazard Survey for Prehospital EMS Agencies

The Washington State Department of Health, Office of Emergency Medical Services and Trauma Systems recently completed a prehospital agency survey. Information regarding this survey and a sample is provided below.

The survey assessed:

- Written mutual aid agreements (MAAs);
- Trauma and Burn Care for adult and pediatric patients;
- Triage and Transport for adult and pediatric trauma patients,
- Supplies and equipment,
- Medical control and hospitals
- EMS agency Mass Casualty Incident (MCI) Plans that include transport during a MCI.

If you wish to review and use the survey for your state, jurisdiction, or department, please send an email to Michael L. Smith at mike.smith@doh.wa.gov.

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

OFFICE OF EMERGENCY MEDICAL SERVICES AND TRAUMA SYSTEM
PO Box 47853 ● Olympia, Washington 98504-7853

THIS IS A SAMPLE

(DO NOT Complete and Return)

Attached is a survey to assist DOH in determining the extent to which your EMS agency is prepared to participate in an "all hazard" disaster or a mass causality incident (MCI). This all hazards MCI would be one where the limits of your agency and region's resources are challenged. We would like to assess the status of your agency's mutual aid agreement(s), your agency's capabilities to provide trauma and burn care during a MCI, your agency's source for supplies and equipment during a MCI, and the hospitals or medical control you follow and transport patients. In addition, it is very important to know if you have a current MCI plan

The attached mutual aid agreement guide came from the National Incident Management System (NIMS). It is intended as a guide only and may be used during your next aid agreement update. If you do not have an aid agreement, it is a great guide when developing your first agreement.

Please open the attached survey, save it to your computer and complete the survey on your computer. If you are not able to save it to your computer, print a copy and complete it in ink. For the agencies that do not have a computer, you should have received the documents via US Mail. Please, complete the survey in ink, make and keep a copy for your records. Return it to me via US Mail at

Michael L. Smith, Terrorism and Disaster Response
1500 W 4th Ave #403
Spokane, WA. 99204

Please complete the survey by April 30, 2005.

This is not an evaluation of the EMS agency or the Regional EMS/TC Office, but rather an assessment addressed in the Health Resources and Services Administrations (HRSA) Critical Bench Marks. It is a required deliverable for the regional EMS office. The responses will help identify where potential future resources and training may be best used and offered.

All participants should receive feedback. Thank you for your assistance.

Please contact me at 1-800-458-5276 or (509) 456-2904 or mike.smith@doh.wa.gov if you have any questions.

EMS AGENCY SURVEY

March 22, 2005

The notes below should assist you when completing the survey.

* **Critical Benchmark #2-9: TRAUMA AND BURN CARE**
Enhance statewide trauma and burn care capacity to be able to respond to a mass casualty incident due to terrorism. This plan should ensure the capability of providing trauma care to at least 50 severely injured adult and pediatric patients per million of population.

** **RCW 70.168.015:** Pediatric Trauma Patient**:** means trauma patients known or estimated to be less than fifteen [15] years of age.

*** State of Washington-Prehospital Trauma Triage (Destination) Procedures states: Combination of burns ≥ 20% or involving face or airway.

**** **Critical Benchmark #3:** Enhance the statewide mutual aid plan for upgrading and deploying EMS units in jurisdictions/regions they do not normally cover, in response to a mass casualty incident due to terrorism. This plan must ensure the capability of providing EMS triage and transportation for at least 500 adult and pediatric patients per million population.

INFORMATIONAL NOTE: The below definition may be used within the receiving facility. This is not a change to the regional patient care procedures (PCP) or the State of Washington-Prehospital Trauma Triage (Destination) Procedures (TTT).

(The American Burn Association considers a severe burn as:

Any burn injury identified within the American Burn Association's Burn Center Referral Criteria for Transfer to a Burn Center.

The burn injuries list are:

- Partial thickness burns greater than 10% total body surface area (TBSA)
- Third-degree burns in any age group
- Electrical burns, including lightning injury
- Chemical burns
- Inhalation injury
- Burn injury in a patient with preexisting medical disorders that could complicate management, prolong recovery, or affect mortality
- Any patients with burns and concomitant trauma (such as fractures) in which the burn injury poses the greatest risk of morbidity or mortality. In such cases, if the trauma poses the greater immediate risk, the patient may be initially stabilized in a trauma center before being transferred to a burn center. Physician judgment will be necessary in such situations and should be in concert with the regional medical control plan and triage protocols.
- Burned children in hospitals without qualified personnel or equipment for the care of children.
- Burn injury in patients who will require special social, emotional, or rehabilitative intervention.
- Burns that involve the face, hands, feet, genitalia, perineum, or major joints.)

ABA, February 4, 2005

THIS IS ONLY A SAMPLE

(Do not complete and return)

SURVEY FOR EMS AGENCIES

March 22, 2005

Disclosure: RCW 42.17.310(1)(ww) applies to the EMS Agency Survey. **Survey questions** are disclosable. **Aggregates of individual responses** are disclosable only if DOH developed or approved. **Individual responses** to questions 7, 8, 13 and 14 are disclosable. **Individual responses** to all other questions are not disclosable except among partners as necessary to conduct work, with further disclosure at the Secretary of Health's discretion.

EMS Agency Name EMS Agency #	
Question	Response
1. Does your EMS agency have written mutual aid agreements (MAA) in place to obtain additional medical resources in the event of a MCI (e.g., staff, vehicles, supplies)? (check all that apply)	☐ Yes MAAs exist with other agencies **in** the region ☐ Yes MAAs exist with other EMS Regions **outside** the region ☐ No MAAs currently exist for EMS resources ☐ Don't know Exempt from public disclosure. RCW 42.17.310(1)(ww)
2. With whom does your EMS agency have a written MAA? (List all entities with whom you have a mutual aid agreement or any support agreements)	• • • ☐ Our EMS Agency does not have any written MAAs Exempt from public disclosure. RCW 42.17.310(1)(ww)
3. For how many severely injured **adult trauma** patients can your agency provide care per MCI? Please answer this question as if your agency is responding alone. (*HRSA Critical Bench Mark 2-9)	☐ 0 to 5 ☐ 6 to 10 ☐ 11 to 15 ☐ 16 to 20 ☐ more than 20-How many? Exempt from public disclosure. RCW 42.17.310(1)(ww)
4. For how many severely injured ****pediatric trauma** patients can your agency provide care per MCI? Please answer this question as if your agency is responding alone. (*HRSA Critical Bench Mark 2-9)	☐ 0 to 5 ☐ 6 to 10 ☐ 11 to 15 ☐ 16 to 20 ☐ more than 20-How many? Exempt from public disclosure. RCW 42.17.310(1)(ww)

5. For how many ***severely injured **adult burn** patients can your agency provide care per MCI? Please answer this question as if your agency is responding alone. (*HRSA Critical Bench Mark 2-9)	☐ 0 to 5 ☐ 6 to 10 ☐ 11 to 15 ☐ 16 to 20 ☐ more than 20-How many? Exempt from public disclosure. RCW 42.17.310(1)(ww)
6. For how many *severely injured ****pediatric burn** patients can your agency provide care per MCI? Please answer this question as if your agency is responding alone. (*HRSA Critical Bench Mark 2-9)	☐ 0 to 5 ☐ 6 to 10 ☐ 11 to 15 ☐ 16 to 20 ☐ more than 20-How many? Exempt from public disclosure. RCW 42.17.310(1)(ww)
7. To what facility(s) would you transport your severely injured **adult burn** patients?	• • • ☐ Our EMS Agency does not transport
8. To what facility(s) would you transport your severely injured ****pediatric burn** patients?	• • • ☐ Our EMS Agency does not transport
9. How many severely injured **adult trauma** patients can your agency provide triage and transportation during an MCI? Please answer this question as if your agency is responding alone. (****HRSA Critical Bench Mark 3-0)	☐ 0 to 5 ☐ 6 to 10 ☐ 11 to 15 ☐ 16 to 20 ☐ more than 20-How many? ☐ Our EMS does not transport Exempt from public disclosure. RCW 42.17.310(1)(ww)
10. How many severely injured ****pediatric trauma** patients, can your agency provide triage and transportation during an MCI? Please answer this question as if your agency is responding alone. (****HRSA Critical Bench Mark 3-0)	☐ 0 to 5 ☐ 6 to 10 ☐ 11 to 15 ☐ 16 to 20 ☐ more than 20-How many? ☐ Our EMS does not transport Exempt from public disclosure. RCW 42.17.310(1)(ww)

11. Within the first 72 hours of an MCI event, where will you obtain additional **medical supplies**, if necessary? (Please list the supplier(s) to the right)	• • • • Exempt from public disclosure. RCW 42.17.310(1)(ww)
12. Within the first 72 hours of an MCI event, where will you obtain additional **medical equipment**? (Please list the supplier(s) to the right)	• • • • Exempt from public disclosure. RCW 42.17.310(1)(ww)
13. To what medical control hospital(s) do you report?	• •
14. To what hospital(s) do you routinely transport patients?	• • • ☐ Our EMS does not transport
15. Do you have a Mass Causality Incident (MCI) Plan that includes transport during a mass trauma/burn event?	☐ Yes ☐ No ☐ I do not know Exempt from public disclosure. RCW 42.17.310(1)(ww)

Thank you for completing this very important survey. Please remember to save a copy for your files and return it via e-mail to:

mike.smith@doh.wa.gov

OR

Michael L. Smith, Terrorism and Disaster Response
1500 W 4th Ave #403
Spokane, WA. 99204
Fax: (509) 456-3127

Return by April 30, 2005